

# Work Order ID 123361

Thursday, August 07, 2014 11:13:47 AM

**\*123361\***

Page 1

Item ID: D4884-3 Accept **\*N1900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: End Fitting, Eye  
 Start Date: 8/07/14 Start Qty: 10.00 **\*10\*** Cust Item ID:  
 Required Date: 8/07/14 Req'd Qty: 10.00 **\*10\*** Customer:  
 Reference:

Approvals: Process Plan: WLS Date: 14-08-08 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4884	REV A								

100  
**\*100\*** DOOSAN LATHE 0.00  
 Outsource5  
 Outsource process - Machining  
 Memo  
 ISSUE P.O: 25350  
 SUPPLIER:ATG  
 C OF C IS REQUIRED

*WLS 14/8/14*

110  
**\*110\*** ~~QC2 Inspect parts off machine FAI/FAIB~~ 0.00  
 QC  
 Quality Control  
 Memo *RCV 2' Inspect* 0.00

*10X 8014-10-22*

120  
**\*120\*** *6* QC3 Inspect parts - second check 0.00  
 QC  
 Quality Control  
 Memo

*(10)* **DAS 38 9-8 14-10-22**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 123361

Thursday, August 07, 2014 11:13:47 AM

**\*123361\***

Page 2

Item ID: D4884-3 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: End Fitting, Eye  
 Start Date: 8/07/14 Start Qty: 10.00 **\*10\*** Cust Item ID:  
 Required Date: 8/07/14 Req'd Qty: 10.00 **\*10\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Outsource process - NDT per QSI038 4.1	0.00							
<b>*130*</b>									
Outsource2	Memo	0.00							
Outsource process - NDT	ISSUE P/O : <u>25350</u>			<u>done @ ATB</u>					<u>CL 14/10/23</u>
	C OF C IS REQUIRED								
140	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*140*</b>									
Packaging	Memo	0.00							
Packaging									<u>10x SP 14-10-22</u>
150	QC5- Inspect part completeness to step on W/O	0.00							
<b>*150*</b>									
QC	Memo	0.00							
Quality Control									<u>(10)</u> <b>DAS 38 9-89 14-10-22</b>

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**Work Order ID 123361**

Thursday, August 07, 2014 11:13:47 AM

**\*123361\***

Page 3

Item ID: D4884-3

Accept

**\*N1900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: End Fitting, Eye

Stop

**\*NS2\***

Start Date: 8/07/14 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 8/07/14 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

Identify as per dwg & Stock Location ST 126

0.00

**\*160\***

Packaging

Memo

0.00

Packaging

IDENTIFY AS PER QSI 044 6.1

10XDAS  
28  
9-89

OCT 23 2014

170

QC21- Final Inspection - Work Order Release

0.00

**\*170\***

QC

Memo

0.00

Quality Control

14/10/24 4J4-10-23

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Picklist Print

Thursday, August 07, 2014 11:13:46 AM

Page 1

Work Order ID: 123361

**\*123361\***

Parent Item: D4884-3

**\*D4884-3\***

Parent Item Name: End Fitting, Eye

Start Date: 8/07/14

Required Date: 8/07/14

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A NEW ISSUE 14-01-13 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4884-3P		Purchased		No			Each	0.0000		10			

**\*D4884-3P\***

End Fitting, Eye

**\*\***

10x 8014-10-22

M174PH-H900R1.500

Purchased

No

f

130.2166

3.5

**\*M174PH-H900R1 500\***

17-4SS H900 ROUND BAR 1.500

**\*\***

0214/10/23

Location

Loc Qty

Loc Code

MAT031

130.2166

M128809

1.2583

M129892

128.9583

✓

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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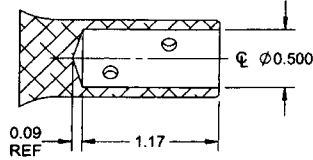
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

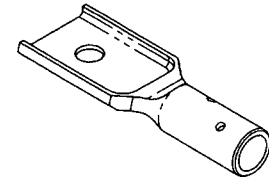
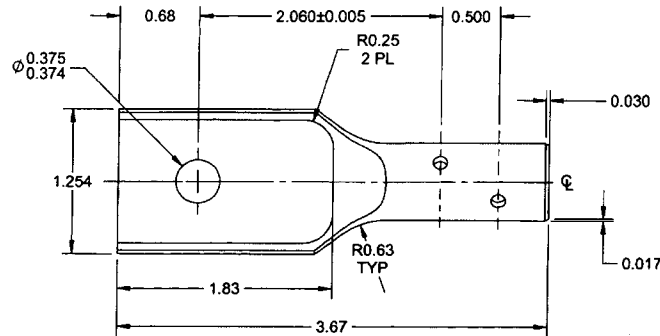
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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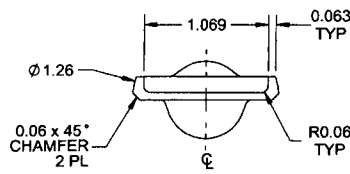
8 7 6 5 4 3 2 1



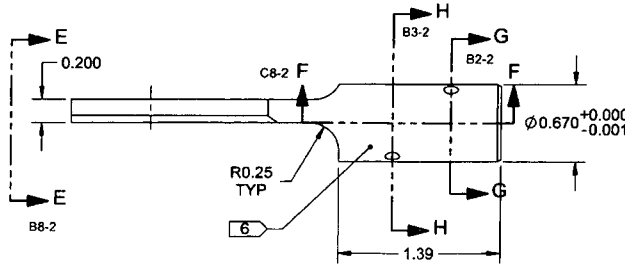
**SECTION F-F** C5-2



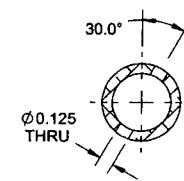
STOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO 12336 LMCJ  
1408-08



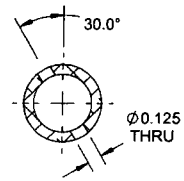
**VIEW E-E** B6-2



**D4884-3 END FITTING, EYE**



**SECTION G-G** C4-2



**SECTION H-H** C5-2

- NOTES:**
- 1) MATERIAL: 17-4 PH/S17400/TYPE 630 SS ROUND BAR, H900 CONDITION  
PER AMS 5643/ASTM A564  
DART SPEC M17-4-R
  - 2) FINISH: N/A
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
  - 7) WEIGHT: 0.14 lbs
  - 8) LIQUID PENETRANT INSPECT PER QSI 038 6.1.1 (ASTM E1417 LEVEL 2)

APPROVED

DESIGN	RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	DC	DRAWING NO.	REV. A
MFG. APPR.	JLM	<b>D4884</b>	SHEET 2 OF 2
APPROVED	HS	TITLE	SCALE
DE APPR.	DS-#	<b>END FITTING</b>	NTS
DATE	13.12.01	COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

\*\*\*PO REPRINT\*\*\*

Purchase Order ID PO25350

Purchase Order Date 8/11/2014

PO Print Date 8/12/2014

Page Number 2 of 3

Order From :  
A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

VC-ATG001

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Contact Name  
Vendor Phone 613-446-4544

Ship To Contact  
Ship To Phone

Ship Via  
Ship Acct

Buyer Michael Gregoire  
Customer POID  
Customer Tax # 10127-2607  
Terms Net 30  
Currency CAD  
FOB FCA - (Free Carrier)

D4884-3P

End Fitting, Eye

10/3/2014

Yes

10/3/2014

10.00  
Each

\$122.50

\$1,225.00

Manufacture as per Drawing D4884 rev.A  
Batch 123361

Line Total:

\$1,225.00

D4871-1P

End Fitting

10/3/2014

Yes

10/3/2014

10.00  
Each

\$145.00

\$1,450.00

Manufacture as per Drawing D4871 rev.A

Line Total:

\$1,450.00

D4808-041P

Rod End Bearing Assy.

10/3/2014

Yes

10/3/2014

6.00  
Each

\$138.50

\$831.00

Manufacture as per Drawing D4808 rev.A  
Batch 123486

A008 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION SENT TO DART AEROSPACE)

Line Total:

\$831.00

Note:

8/12/2014



A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE STREET  
ROCKLAND, ON K4K 1T2  
Canada

Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 908951

Date: 22-Oct-14

To

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

CHANTAL LAVOIE  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

Terms		Ship Via	
Quantity	Description		
	PLEASE REFERENCE THE PACK LIST NUMBER ON ALL CORRESPONDENCE TO THIS SHIPMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL AT (613) 446-4544.		
10 ea	Part: D4884-3P END FITTING, EYE Job: 16842	Rev: A PO: PO25350 Line: 3	SP14-10-22
DATE : 22 Oct 2014			
CERTIFIED SIGNATURE : J. Lavoie			
RECEIVER SIGNATURE : _____			
Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.			
CERTIFICATE OF CONFORMANCE			
A.T.G. INDUSTRIES INC. CERTIFIES THAT ALL ITEMS IN THIS SHIPMENT CONFORM TO THE REQUIREMENTS.			
MADE IN CANADA.			



# F.A.I.

## First Article Inspection Report

#

544

Requesting Company: Dart Aerospace PO#: PO25350 Line: 3 Qty: 10Part Number: D4884-3P Rev: A Part Description: End Fitting, EyeFAI Supplied by: A.T.G. Industries Inc. FAI Prepared by: Emily Louis-Seize Date: 14-Aug-14Qty Inspected: 10 FAI Inspected by: Mike Csontos Date: 21-Oct-14

### Material and/or Special Processes

Type	Description	Specification Number/Code	Certificate of Conformance Number:
Material	17-4SS H900		Supplied by Customer
Special Process	Liquid Penetrant		PO#: 20140418

DAS  
38  
9-80  
OCT 22 2014

### Inspection Information and Results

Char#	Location	Requirement	Result	UoM	Pass/Fail	Measurement Equipment:	Operation #:
1	C7	Ø.500	.502	inch	Pass	Gauge Pin	1
2	C7	1.17	1.173	inch	Pass	Depth Micrometer	1
3	C8	.09 REF	.120	inch	Pass	Caliper	1
4	D6	.68	.680	inch	Pass	Caliper	2
5	D5	2.060±.005	2.063	inch	Pass	Height Gauge	3
6	D5	R.25	.25	inch	Pass	Radius Gauge	3
7	D5	.500	.499	inch	Pass	Caliper	3
8	D4	.030	.032	inch	Pass	Comparator	1
9	C4	.017	.016	inch	Pass	Comparator	1
10	C5	3.67	3.673	inch	Pass	Height Gauge	2
11	C5	R.63 TYP	.625	inch	Pass	Radius Gauge	1
12	C4	1.83	1.833	inch	Pass	Height Gauge	2

# Inspection Information and Results

Char#	Location	Requirement	Result	UoM	Pass/Fail	Measurement Equipment:	Operation #:
13	C6	1.254	1.253	inch	Pass	Caliper	1
14	D6	Ø.375/.374	.374	inch	Pass	Gauge Pin	2
15	B7	1.069	1.069	inch	Pass	Caliper	2
16	B7	.063 TYP	.063	inch	Pass	Gauge Pin	2
17	B7	R.06 TYP	.060	inch	Pass	Shadow Graph	2
18	B8	.06 x 45° Chamfer	.06 x 45°	inch/degree	Pass	Comparator	3
19	B8	Ø1.26	1.26	inch	Pass	Caliper	1
20	B6	.200	.193/.198	inch	Pass	Micrometer	1
21	B4	Ø.670+.000/-.001	.6698	inch	Pass	Micrometer	1
22	B5	1.39	1.392	inch	Pass	Height Gauge	2
23	B5	Note 6	✓	n/a	Pass	Visual	4
24	B5	R.25 TYP	.254	inch	Pass	Gauge Pin	2
25	B3	30°	30°	degree	Pass	Comparator	3
26	B3	Ø.125 thru	.125	inch	Pass	Gauge Pin	3
27	B2	30°	30°	degree	Pass	Comparator	3
28	B1	Ø.125 thru	.125	inch	Pass	Gauge Pin	3

First Article Inspection Report Approved and  
Completed in Full by:

*Mike Penty*

Date:

22-Oct-14

**skyservice****Work Order Traveler**

Sky Service F.B.O. Inc.



DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

<b>WO #:</b> MWO22480	<b>Customer:</b> ATG Industries Inc	<b>Dept:</b> NDT YUL	<b>Reference:</b> 20140418
<b>Descr:</b>	<b>PN:</b>	<b>S/N:</b>	<b>Qty:</b> 1
<b>Make:</b>	<b>Model:</b>	<b>Reg:</b>	<b>A/C S/N:</b>
<b>TSN:</b> 0	<b>CSN:</b> 0	<b>TSO:</b> 0	
<b>Task:</b> UNSCHEDULED			<b>Sequence:</b> 1

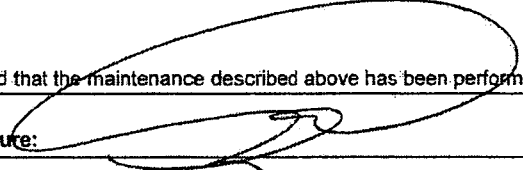

**Work Required:**

CARRY OUT NDT ON 62 PARTS AS PER PO : 20140418

P/N D4871-3P REV: A QTY: 11  
P/N D4869-1P REV: A QTY: 11  
P/N D4884-3P REV: A QTY: 10  
P/N D4871-1P REV: A QTY: 10  
P/N D4808-1P REV: A QTY: 7  
P/N D4808-1P REV: A QTY: 13

<b>Action Taken:</b>						<b>Date:</b>	<b>Initial/Stamp:</b>
LIQUID PENETRANT INSPECTION CARRIED OUT AS PER QSI 038 6.1.1 & ASTM E-1417M-13  NO CRACK FOUND  PEN.(ZL-37 , B#10A070), DEV.(SKD-S2,B#13D14k) , EMU.(ZR-10B,B#10A074).						OCT 17 2014	 
Description	Location	P/N	Qty	Batch	S/N Off	S/N On	

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

<b>Signature:</b> 	<b>ACA/SCA Stamp</b> 	<b>Date:</b> OCT 17 2014
<b>Name:</b> <b>RAFIK MELIKIAN</b>		

SKYM002-1 REV 4 Mar/14

**COPY**